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## Certificate of Mailing

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Holly W. Wandel

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Signature of person mailing correspondence



07/13/99

## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	00398/506001
Applicant	Michael E. Mendelsohn, 14 Emerson Road, Wellesley, MA 02181
Title	METHOD FOR ASSAYING COMPOUNDS AFFECTING CELL DIVISION
PRIORITY INFORMATION:	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	24 pages
Claims	2 pages
Abstract	1 page
Drawing	4 pages
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] pages
Small Entity Statement, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	1 page

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Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] pages
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$380	\$380.00
Excess Claims Fee: 8 - 20 x \$18/\$9	\$0.00
Excess Independent Claims Fee: 1 - 3 x \$78/\$39	\$0.00
Multiple Dependent Claims Fee: \$130	\$0.00
Total Fees:	\$380.00
<input checked="" type="checkbox"/> Enclosed is a check for \$380.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
<b>CORRESPONDENCE ADDRESS:</b>	
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<i>Mary Rose Aczofara (Reg. No 36,268)</i> <i>July 13, 1999</i> Signature Date	